Electronically Delivered

November 15, 2022

Administrator
Peaceful Living, LLC
1687 Fallbrooke Drive
Hastings, MN 55033

RE: Project Number(s) SL31220015

Dear Administrator:

The Minnesota Department of Health completed an evaluation on October 19, 2022, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the evaluation, the Minnesota Department of Health noted violations of the laws pursuant to Minnesota Statute, Chapter 144G, Minnesota Food Code, Minnesota Rules Chapter 4626, Minnesota Statute 626.5572 and/or Minnesota Statute Chapter 260E.

The enclosed State Form documents the state licensing orders. The Department of Health documents state licensing correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Assisted Living Facilities. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

IMPOSITION OF FINES
In accordance with Minn. Stat. § 144G.31, Subd. 4, fines and enforcement actions may be imposed based on the level and scope of the violations and imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.
Level 2: a fine of $500 per violation, in addition to any enforcement mechanism authorized in § 144G.20 for widespread violations;
Level 3: a fine of $3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144G.20.
Level 4: a fine of $5,000 per incident, in addition to any enforcement mechanism authorized in § 144G.20.

In accordance with Minn. Stat. § 144G.20, Subd. 4 (a)(5), the Department of Health imposes fine amounts of either $1,000 or $5,000 to licensees who are found to be responsible for maltreatment. The Department of Health imposes a fine of $1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572, Subds. 2,

9, 17. The Department of Health also may impose a fine of $5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144G.31, Subd. 4 (a)(5)(b), when a fine is assessed against a facility for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144G.01 to 144G.9999, no immediate fines are assessed.

DOCUMENTATION OF ACTION TO COMPLY
Per Minn. Stat. § 144G.30, Subd. 5(c), the licensee must document any action taken to comply with the correction order by the correction order date. A copy of the provider's records documenting those actions may be requested for follow-up evaluations. The licensee is not required to submit a plan of correction for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the resident(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's resident(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

CORRECTION ORDER RECONSIDERATION PROCESS
In accordance with Minn. Stat. § 144G.32, Subd. 2, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by the Department of Health within 15 calendar days of the correction order receipt date.

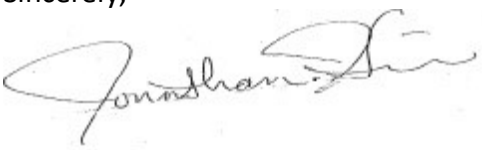
A state licensing order under Minn. Stat. § 144G.91, Subd. 8, Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557. Please email general reconsideration requests to: **Health.HRD.Appeals@state.mn.us**.

Please address your cover letter for general reconsideration requests to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

Free from Maltreatment reconsideration requests should be addressed to:
Reconsideration Unit
Health Regulation Division
Minnesota Department of Health
P.O. Box 64970
85 East Seventh Place
St. Paul, MN 55164-0970

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in this letter and the results of this visit with the President of your organization's Governing Body. If you have any questions, please contact me.

Sincerely,



Jonathan Hill, Supervisor
State Evaluation Team
Health Regulation Division
85 East Seventh Place, Suite 220
P.O. Box 3879
St. Paul, MN 55101-3879
Telephone: 651-201-3993 Fax: 651-215-9697

PMB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31220	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL LIVING LLC	1687 FALLBROOKE DRIVE HASTINGS, MN 55033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER(S) In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a survey. Determination of whether violations are corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: SL31220015-0 On October 17, 2022, through October 19, 2022, the Minnesota Department of Health conducted a survey at the above provider, and the following correction orders are issued. At the time of the survey, there were seven residents, all of whom received services under the provider's Assisted Living license.	0 000		
0 780 SS=F	144G.45 Subd. 2 (a) (1) Fire protection and physical environment (a) Each assisted living facility must comply with the State Fire Code in Minnesota Rules, chapter 7511, and: (1) for dwellings or sleeping units, as defined in the State Fire Code: (i) provide smoke alarms in each room used for sleeping purposes;	0 780		

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0 780	Continued From page 1 (ii) provide smoke alarms outside each separate sleeping area in the immediate vicinity of bedrooms; (iii) provide smoke alarms on each story within a dwelling unit, including basements, but not including crawl spaces and unoccupied attics; (iv) where more than one smoke alarm is required within an individual dwelling unit or sleeping unit, interconnect all smoke alarms so that actuation of one alarm causes all alarms in the individual dwelling unit or sleeping unit to operate; and (v) ensure the power supply for existing smoke alarms complies with the State Fire Code, except that newly introduced smoke alarms in existing buildings may be battery operated; This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide interconnection of the required smoke alarm in resident room #1 with the home's smoke alarm system. This has the potential to directly affect residents, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 19, 2022, approximately from 1:00 pm to 2:15 p.m., survey staff toured the home with the licensed assisted living director (LALD)-A and the residential program coordinator (RC)-B.	0 780		

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0 780	Continued From page 2 During the tour of the home, survey staff observed, and the LALD-A and the RC-B verified the testing of the smoke alarm inside resident room #1 (master bedroom) failed to activate all smoke alarms throughout the home as required for interconnection of all smoke alarms for proper notification. The finding was evident when the smoke alarm in bedroom #1 sounded local. On October 19, 2022, at approximately 2:45 p.m., at the exit interview, LALD-A and RC-B acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 780		
0 790 SS=F	144G.45 Subd. 2 (a) (2)-(3) Fire protection and physical environment (2) install and maintain portable fire extinguishers in accordance with the State Fire Code; (3) install portable fire extinguishers having a minimum 2-A:10-B:C rating within Group R-3 occupancies, as defined by the State Fire Code, located so that the travel distance to the nearest fire extinguisher does not exceed 75 feet, and maintained in accordance with the State Fire Code; and This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to provide visibility of the required size of portable fire extinguishers for ready access in	0 790		

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0 790	Continued From page 3 accordance with the State Fire Code as required by MN Statute 144G.45 Subd(a)(2). This had the potential to directly affect all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and is issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 19, 2022, approximately from 1:00 pm to 2:15 p.m., survey staff toured the home with the licensed assisted living director (LALD)-A and the residential program coordinator (RC)-B. During the tour of the home, survey staff observed portable fire extinguishers were not visible in the home and asked the LALD about the locations. The LALD-A clarified the locations of the extinguishers by pointing out they were inside the bathroom vanity and kitchen cabinets. Survey staff explained that the extinguishers must be mounted in a visible location or have proper signage to indicate their locations for readily accessible. The LALD-A confirmed the findings. On October 19, 2022, at approximately 2:45 p.m., at the exit interview, LALD-A and the RC-B acknowledged the above findings. No further information was provided. TIME PERIOD FOR CORRECTION: Fourteen (14) days	0 790		

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0 800	Continued From page 4	0 800		
0 800 SS=F	144G.45 Subd. 2 (a) (4) Fire protection and physical environment (4) keep the physical environment, including walls, floors, ceiling, all furnishings, grounds, systems, and equipment in a continuous state of good repair and operation with regard to the health, safety, comfort, and well-being of the residents in accordance with a maintenance and repair program. This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to maintain the physical environment of the facility in a continuous state of good repair and operation. This has the potential to directly affect the health, safety, and well-being of all residents and staff. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 19, 2022, at approximately 2:45 p.m., document review and interview with the licensed assisted living director (LALD)-A and the residential program coordinator (RC)-B indicated the licensee failed to provide testing records to show the required annual inspection and testing of the home's automatic fire sprinkler system. The finding was confirmed by the LALD-A and	0 800		

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0 800	Continued From page 5 she commented that a fire sprinkler contractor has been scheduled to come out for inspections and testing. On October 19, 2022, at approximately 2:45 p.m., at the exit interview, LALD-A and the RC-B acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 800		
0 810 SS=F	144G.45 Subd. 2 (b)-(f) Fire protection and physical environment (b) Each assisted living facility shall develop and maintain fire safety and evacuation plans. The plans shall include but are not limited to: (1) location and number of resident sleeping rooms; (2) employee actions to be taken in the event of a fire or similar emergency; (3) fire protection procedures necessary for residents; and (4) procedures for resident movement, evacuation, or relocation during a fire or similar emergency including the identification of unique or unusual resident needs for movement or evacuation. (c) Employees of assisted living facilities shall receive training on the fire safety and evacuation plans upon hiring and at least twice per year thereafter. (d) Fire safety and evacuation plans shall be readily available at all times within the facility. (e) Residents who are capable of assisting in their own evacuation shall be trained on the proper actions to take in the event of a fire to	0 810		

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0 810	Continued From page 6 include movement, evacuation, or relocation. The training shall be made available to residents at least once per year. (f) Evacuation drills are required for employees twice per year per shift with at least one evacuation drill every other month. Evacuation of the residents is not required. Fire alarm system activation is not required to initiate the evacuation drill. This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to provide the minimum number of employee evacuation drills. This has the potential to directly affect the safety of occupied residents receiving care, staff, and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety) and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has the potential to affect a large portion or all of the residents). The findings include: On October 19, 2022, at approximately 2:15 p.m., survey staff received the home's fire safety and evacuation documentation and related documentation for review. Document review indicated the licensee failed to show compliance with the minimum number of required employee evacuation drills of two drills per year per shift with at least one drill every other month for a total minimum of six evacuation drills per year. Drill records provided for review were, October 17, 2022, at 6:00 p.m. and 10:00 p.m.	0 810		

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0 810	Continued From page 7 On October 19, 2022, at approximately 2:55 p.m., at the exit interview, the licensed assisted living director-A and the residential program coordinator-B acknowledged the above finding. No further information was provided. TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 810		

DEPARTMENT OF HEALTH

Type: Full
Date: *10/17/22*
Time: 11:26:11
Report: 1036221063

Food and Beverage Establishment Inspection Report

Location:
Peaceful Living Llc
1687 Fallbrooke Drive
Hastings, MN55033
Dakota County, 19

Establishment Info:
ID #: 0037541
Risk:
Announced Inspection: No

License Categories:

Expires on: / /

Operator:

Phone #: 6514374402
ID #:

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

The following orders were issued during this inspection.

3-300B Protection from Contamination: cross-contamination, eggs

3-302.11A(1) ** Priority 1 **

MN Rule 4626.0235A(1) Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat foods to prevent cross-contamination.

OBSERVED RAW ANIMAL FOODS SUCH AS SHELL EGGS AND BEEF STORED OVER READY TO EAT FOODS IN UPSTAIRS REFRIGERATOR. ISSUE WAS CORRECTED ON SITE.

Comply By: 10/17/22

7-100 Toxic Labeling

7-102.11 ** Priority 2 **

MN Rule 4626.1595 Clearly label all working containers used for storing poisonous or toxic materials from bulk supplies such as sanitizers and cleaners, with the common name of the product.

OBSERVED UNLABELED SECONDARY SPRAY BOTTLE NEAR HAND WASHING SINK IN LAUNDRY ROOM. BOTTLE AND CONTENTS WERE DISCARDED ON SITE.

Comply By: 10/17/22

4-200 Equipment Design and Construction

4-201.11GMN

MN Rule 4626.0506G Discontinue serving TCS foods that are held for more than same-day service in an adult or child care center or boarding establishment or provide equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

OBSERVED LEFTOVER CASSEROLE WITH NO LABEL/DATE MARKING BEING COLD HELD

IN UPSTAIRS REFRIGERATOR. ITEM WAS DISCARDED ON SITE.
Comply By: 10/17/22

Surface and Equipment Sanitizers

Hot Water: = at >160 Degrees Fahrenheit
Location: Dishwasher
Violation Issued: No

Food and Equipment Temperatures

Process/Item: Cold Hold/Milk
Temperature: 40 Degrees Fahrenheit - Location: Kitchen Refrigerator
Violation Issued: No

Process/Item: Cold Hold/Slice Melon
Temperature: 40 Degrees Fahrenheit - Location: Kitchen Refrigerator
Violation Issued: No

Process/Item: Cold Hold/Slice Tomato
Temperature: 40 Degrees Fahrenheit - Location: Kitchen Refrigerator
Violation Issued: No

Process/Item: Cold Holding/Cream
Temperature: 41 Degrees Fahrenheit - Location: Basement Refrigerator
Violation Issued: No

Total Orders In This Report	Priority 1	Priority 2	Priority 3
	1	1	1

Announced inspection was completed with Carter Henry. Jolene Bertelsen was the lead RN with HRD completing the site survey.

This is a residential house with kitchen equipment that is not ANSI certified. Food may be prepared for same day service only. There are currently 7 residents on site. Majority of food is purchased from Hastings Walmart.

Discussed the following:
Employee illness policy and logging requirements
Glove-use
Handwashing procedure
No bare hand contact with ready to eat food
Thermometer use
Proper food storage
Sanitizing procedures for food contact surfaces
Fully cooking food for high risk populations
Violations on this report

Food and Beverage Establishment Inspection Report

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the inspection report number 1036221063 of 10/17/22.

Certified Food Protection Manager: Keychell Scott

Certification Number: FM107596 Expires: 08/17/24

Inspection report reviewed with person in charge and emailed.

Signed: _____ Signed: _____

Karen Cook
Resident Coordinator

Jeff Johanson